SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

OCT 3 7003

Name of Offering

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

(check if this is an amendment and name has changed, and indicate change.)

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OMB Numb		
E-mina		3235-0076
Expires:	Allen	ad 3 a
Estimated a	موصود	1, 1338
hours see	relage	pringer
hours per re	Sponse	316 ∩∩

SEC USE ONLY									
Prefix		Serial							
DATE RECEIVED									

Convertible	Note Due September 15, 2006
Filing Under (Check box(es) th	at apply): 🗌 Rule 504 🗎 Rule 505 💆 Rule 506 🗎 Section 4(6) 🗍 ULOE
Type of Filing: 🖸 New Filin	g 🖸 Amendment
·	A. BASIC IDENTIFICATION DATA
1. Enter the information reque	sted about the issuer
Name of Issuer (check if	this is an amendment and name has changed, and indicate change.)
FastShip. Inc.	тогж
Address of Executive Offices	(Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
123 Chestnut Street	Philadelphia, PA 19106 (215) 574-1770
Address of Principal Business (if different from Executive O	Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) fices)
Brief Description of Business	
Commercial cargo ves	sel design and operation. PROCESSED
Type of Business Organization	
	☐ limited partnership, already formed ☐ other (please specify): 1007 3 1 2003
☐ business trust	☐ limited partnership, to be formed
	Month Year FINANCIAL
Actual or Estimated Date of	ncorporation or Organization:
	or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers ma et seq. or 15 U.S.C. 77d(6).	ting an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.50
the U.S. Securities and Eycha	be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed wit nge Commission (SEC) on the earlier of the date it is received by the SEC at the address given below o the date on which it is due, on the date it was mailed by United States registered or certified mail to that addres
	and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.
Copies Required: Five (5) cop	es of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manual f the manually signed copy or bear typed or printed signatures.
Information Required: A new	filing must contain all information requested. Amendments need only report the name of the issuer and offe

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ing, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

A. BASIC IDENTIFICATION DATA		
2. Enter the information requested for the following:		
 Each promoter of the issuer, if the issuer has been organized within the past five year 		•
 Each beneficial owner having the power to vote or dispose, or direct the vote or dispose securities of the issuer; 	sition of, 10% (or more of a class of equity
Each executive officer and director of corporate issuers and of corporate general and ma	anaging partner	s of partnership issuers: and
Each general and managing partner of partnership issuers.		and and and
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	☑ Director	☐ General and/or Managing Parmer
Full Name (Last name first, if individual) Pederson, Einar		
Business or Residence Address (Number and Street, City, State, Zip Code)		
123 Chestnut Street, Suite 204, Philadelphia, PA 19106	. •	<u>-</u>
Check Box(es) that Apply: Promoter Beneficial Owner Ex Executive Officer	☑ Director	☐ General and/or Managing Parmer
Full Name (Last name first, if individual)		
Bullard II, Roland K.		· · · · · · · · · · · · · · · · · · ·
Business or Residence Address (Number and Street, City, State, Zip Code)		
123 Chestnut Street, Suite 204, Philadelphia, PA 19106	. •.	*
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Chambers, Kathryn Riepe		
Business or Residence Address (Number and Street, City, State, Zip Code)		
123 Chestnut Street, Suite 204, Philadelphia, PA 19106		
Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ☐ Executive Officer	2 Director	☐ General and/or Managing Parmer
Full Name (Last name first, if individual)	· · · · ·	
Giles, David L.		· · · · · · · · · · · · · · · · · · ·
Business or Residence Address (Number and Street, City, State, Zip Code) 123 Chestnut Street, Suite 204, Philadelphia, PA 19106		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)		
Colgan, Dennis		
Business or Residence Address (Number and Street, City, State, Zip Code)		<i>.</i> •
123 Chestnut Street, Suite 204, Philadelphia, PA 19106	<u></u>	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)		
Riverfront Development Corporation		
Business or Residence Address (Number and Street, City, State, Zip Code) 701 North Broadway, Glouchester City, NJ 08030		
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Dunn, David E.		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Palton Boggs LLP, 2550 M Street, NW, Washington, DC 20037		

1. Has th	ne issuer so	old, or do	es the issue	r intend t	o sell, to r	ion-accred	ited investo	ors in this	offering?		• • • • • • • • • • • • • • • • • • • •	Yes No
• .			Ans	wer also in	Appendio	c, Column	2, if filing	under UI	OE.			- 4
2. What	is the mini	imum inve	stment tha	it will be a	accepted fr	om any in	dividual?	•••••	******	• • • • • • • • • •	••••••	\$10,000
3. Does	the offerin	g permit j	oint owner	ship of a	single unit	?				• • • • • • • • •	. 91.	Yes No
fo be j son o	r similar re listed is an e name of	muneratio associated the broker	n for solici i person or or dealer.	ach person tation of p agent of : If more tormation f	urchasers i a broker o han five (5	in connecti r dealer re 5) persons	on with sal gistered wi to be listed	es of secur th the SEC	ities in the	offering, I	f a person	1
Full Name	(Last name	e first, if	individual)									1
N/A									•			•
Business or	Residence	Address	(Number a	nd Street,	City, Stat	e, Zip Co	de)				·	-
Name of A	ssociated I	Broker or	Dealer							·	··	-
States in W	/hich Perso	on Listed	Has Solicit	ed or Inte	nds to Sol	icit Purch	asers					· · · · · · · · · · · · · · · · · · ·
(Check '	'All States'	" or check	k individua	i States) .				• • • • • • • • •		• • • • • • • • •		All States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[MD] [MC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WY]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Name	(Last nam		individual)				· · · · · · · · · · · · · · · · · · ·				
N/A		11			•				•			
Business o	r Residenc	e Address	(Number	and Street	, City, Sta	te, Zip Co	ode)				·	
Name of A	Associated	Broker or	Dealer				:				· · · · · · · · · · · · · · · · · · ·	· <u>. </u>
States in \	Which Pers	on Listed	Has Solic	ired or Int	ends to So	licit Purch	asers					·
		•		al States)								☐ All States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] (IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [MM] [UT]	[CT] [ME] [NY] [VT]	[DE] (MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[[D] [MO] [PA] [PR]
Full Name	e (Last nar	ne first, if	individua	1)		· .						
N/A												
	or Residence	e Addres	s (Number	and Stree	t, City, St	ate, Zip C	(ode)			· · ·		
	•				•	-						•
Name of	Associated	Broker o	r Dealer	·				,	<u></u>		·	
States in	Which Per	son Listed	i Has Solid	rited or In	tends to S	olicit Purc	hasers		<u> </u>			
				ual States)								All State
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NY] [SD]	[AR] [KS] [NH]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM]	(CT) (ME) (NY)	[DE] [MD] [NC] [VA]	[DC] [MA] [DN] [WA]	[FL] [MI] [OH] [WV]		(HI) (MS) (OR) (WY)	[MO] [PA]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "O" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Type of Security Offering Price Sold -Debt ☐ Common ☐ Preferred ... Partnership Interests \$______\$ Other (Specify ___ **\$**_25,000 25,000 Total Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases Accredited Investors 25,000 Non-accredited Investors Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Dollar Amount Type of Sold Security Type of offering Rule 505 Regulation A..... Rule 504 Total 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs.... \$ 1,000 Legal Fees Accounting Fees..... Engineering Fees Sales Commissions (specify finders' fees separately)...... Other Expenses (identify) :____ \$1,000

Total....

tio	enter the difference between the aggregate offer and total expenses furnished in response to djusted gross proceeds to the issuer."	Part C - Question	n 4.a. This difference	Ques- is the		\$.24000
ezi zza	dicate below the amount of the adjusted gross ped for each of the purposes shown. If the amount muste and check the box to the left of the estimate adjusted gross proceeds to the issuer set forth	unt for any purporte. The total of the	se is not known, furn payments listed mus	nish an a equal		
					Payments to Officers, Directors, & Affiliates	Payments To Others
	Salaries and fees			. Zi s	•	83 \$
٠	Purchase of real estate			. 🗆 s	· · · · · · · · · · · · · · · · · · ·	i s
•	Purchase, rental or leasing and installation of	machinery and ex	quipment	. 🗆 s.	•	D s
	Construction or leasing of plant buildings and	facilities	·	. D s.		□ s
	Acquisition of other businesses (including the offering that may be used in exchange for the issuer pursuant to a merger)	assets or securiti	es of another			
	Repayment of indebtedness					
	Working capital			. o s	·	5 5 24 000
	Other (specify):			s	·	s
				- ∴ □ s	,	
	Column Totals					
	Total Payments Listed (column totals added)			••	.⊠ s.	24,900
		D. FEDERAL S	IGNATURE			
follo	ssuer has duly caused this notice to be signed by wing signature constitutes an undertaking by the of its staff, the information furnished by the i	issuer to furnish	to the U.S. Securities	and E	xchange Com	mission, upon written r
Issuc	r (Print or Type)	Signature			I	Date 10/1/03
Fas	tShip, Inc.	Kily	pere cuch	٠٠ ^٠ ٠		10/1/03
Nam	e of Signer (Print or Type)	Title of Signer	(Print or Type)			
		i	Vice President		•	

-ATTENTION-

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

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1. Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule?

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date	
FastShip, Inc.	Kryn Rive Cu	10/1/03	
Name (Print or Type)	Title (Print or Type)		
Kathryn Riepe Chambers	Executive Vice President	·	

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice of Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printer signatures.

			3						10.00		
	Intend to non-a investors (Part B-	to sell ecredited in State	Type of security and aggregate offering price offered in state (Part C-Item I)						Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item1)		
State	Ϋ́ຮ	No		Number of Accredited Investors		Number of Non-Accredited Investors	Amount	Yes			
AL							7 124 0 424	10	No		
AK		·	,								
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AR							<u>-</u>				
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1	2		3			4		3.0%- 54	
	to non-a	s in State	Type of security and aggregate offering price offered in state (Part C-Item1)		Type of i amount pur (Part (Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МТ									140
NE				·	C,				.–
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